

09 832952

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2000

Application or Docket Number

862-C2197

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |               |                          |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS                     | 51            |                          |
| FOR                              | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 51 minus 20 = | 31                       |
| INDEPENDENT CLAIMS               | 12 minus 3 =  | 9                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

SMALL ENTITY  
TYPE  OTHER THAN  
OR SMALL ENTITY

|           |        |              |        |
|-----------|--------|--------------|--------|
| RATE      | Fee    | RATE         | Fee    |
| BASIC FEE | 355.00 | OR BASIC FEE | 710.00 |
| X\$ 9=    |        | OR X\$18=    | 55.8   |
| X40=      |        | OR X80=      | 720    |
| +135=     |        | OR +270=     |        |
| TOTAL     |        | OR TOTAL     | 1988   |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

1-6-25 (Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|-------------|---|-------|---|------------------|
|  |             | Minus                                     | **    | =   |                  |
|  | Total       | 23  | Minus | 51  | =                |
|  | Independent | 4   | Minus | 9   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |   |       | <input type="checkbox"/>                    |                  |

OTHER THAN  
SMALL ENTITY OR SMALL ENTITY

|                  |                        |                  |                        |
|------------------|------------------------|------------------|------------------------|
| RATE             | ADDI-<br>TIONAL<br>FEE | RATE             | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=           |                        | X\$18=           |                        |
| X40=             |                        | X80=             |                        |
| +135=            |                        | +270=            |                        |
| TOTAL ADDIT. FEE |                        | TOTAL ADDIT. FEE |                        |

| AMENDMENT B                                    |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |    | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|-------------|---|----|---|------------------|
|  |             | Minus                                     | ** | =   |                  |
|  | Total       |   |    |   |                  |
|  | Independent |   |    |   |                  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |   |    | <input type="checkbox"/>                    |                  |

|                  |                        |                  |                        |
|------------------|------------------------|------------------|------------------------|
| RATE             | ADDI-<br>TIONAL<br>FEE | RATE             | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=           |                        | X\$18=           |                        |
| X40=             |                        | X80=             |                        |
| +135=            |                        | +270=            |                        |
| TOTAL ADDIT. FEE |                        | TOTAL ADDIT. FEE |                        |

| AMENDMENT C                                    |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |    | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|-------------|---|----|---|------------------|
|  |             | Minus                                     | ** | =   |                  |
|  | Total       |   |    |   |                  |
|  | Independent |   |    |   |                  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |   |    | <input type="checkbox"/>                    |                  |

|                  |                        |                  |                        |
|------------------|------------------------|------------------|------------------------|
| RATE             | ADDI-<br>TIONAL<br>FEE | RATE             | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=           |                        | X\$18=           |                        |
| X40=             |                        | X80=             |                        |
| +135=            |                        | +270=            |                        |
| TOTAL ADDIT. FEE |                        | TOTAL ADDIT. FEE |                        |

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.